



The Medical Foster Home Program: A cost effective alternative to long term care.

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Abstract

Medical Foster Home (MFH) is a unique partnership of adult foster home and Home Based Primary Care. Many Veterans may live with family or alone, living independently for years, though often needing the support of assistive devices and home care services in later years. Eventually, some Veteran may lose their family caregiver and/or decline to the point that it is no longer safe to remain living alone. Traditionally, this situation is often resolved by nursing home placement. Medical Foster Home (MFH) offers a safe, favorable, and less costly alternative. This program also provides an alternative to younger Veterans in need of long term care that would have increased difficulty adapting to traditional styles of long term care options. MFH finds a caregiver in the community who is willing to take a Veteran into his or her home and provide 24-hour supervision as well as needed personal assistance. The expectation is that this is a long-term commitment, where the Veteran may live for the remainder of his or her life.

The Veteran pays the caregiver \$1200 to \$2500 per month to provide this care. This includes room and board, 24-hour supervision, assistance with medications, and whatever personal care is needed. This is a very cost-effective alternative to nursing home and has shown tremendous Quality of Life and Quality of Care health outcomes.

The economics are advantageous to all. The administrative costs for VHA are less than \$10 per day, and the cost of HBPC, medications and supplies averages less than \$50 per day. Some of these Veterans are eligible for fully VA-paid nursing home care, yet they choose to spend their personal funds for MFH because they greatly prefer this type of care. MFH has been demonstrated to be a welcome alternative to nursing home placement that is safe, favorable to Veterans, economically advantageous to the VA facility, and contributes to community development.

Home Based Primary Care (HBPC)

•HBPC provides comprehensive and longitudinal primary and palliative care in the home through an interdisciplinary team consisting of social workers, rehab therapists, dietitians, pharmacists, advanced practice nurses, licensed practical nurses, registered nurses, psychologist, psychiatrist, Chaplain, recreational therapist.

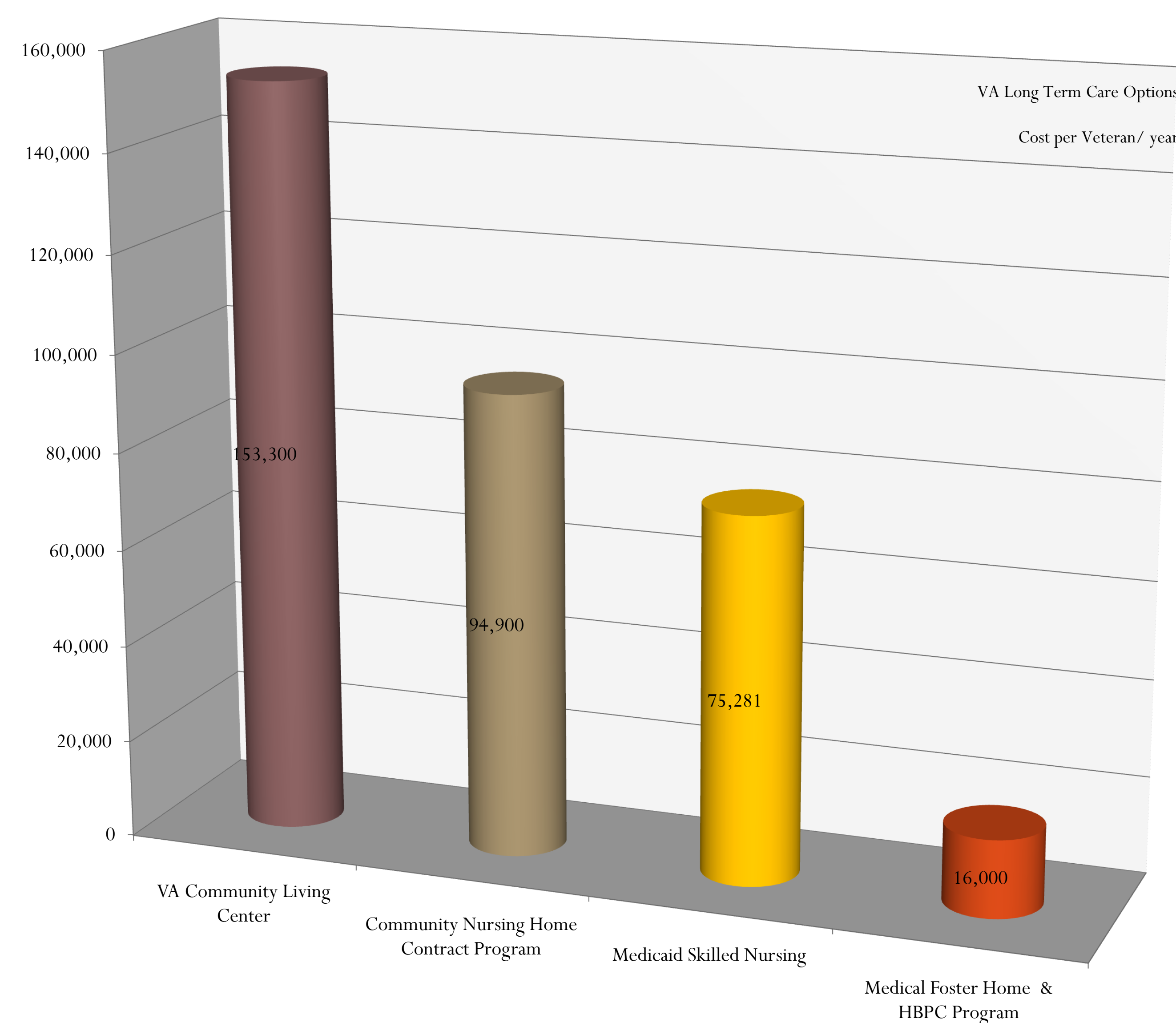
•A comprehensive treatment plan is developed consisting of a complete list of medical and social concerns, methods of treatment and other objectives. The plan is reviewed every 90 days or sooner if needed.

•HBPC provides care to Veterans with complex chronic disabling disease for whom routine clinic-based care is not effective.



Economics of Medical Foster Home

Cost comparison of Medical Foster Home program operation cost vs. other Long Term Care options, based on annual cost per veteran.



Economic Value: Outcomes in Inpatient Utilization	Tampa VA (MFH since 2004) Data	MFH/ HBPC VISN 8 Data	MFH /HBPC National Data
Reduction in Inpatient Admissions	40%	32%	29%
Reduction Inpatient Hospital Days	72%	74%	68%

Major Benefits of MFH and HBPC Programs

- Maximized Medication Compliance
- 100% MFH Resident Satisfaction- 2009 Survey ; 82.7 % HBPC patients rated overall quality Very Good to Excellent
- \$29,417 VERA reimbursement to priority 1-6 HBPC patients
- Promotes maximum health & independence by providing comprehensive care aimed to optimize physical, cognitive, and psychosocial functioning
- Reduces the number of hospital days of care, nursing home care, and re-hospitalization within 30 days of a hospitalization; by providing close monitoring, early intervention, and a therapeutic safe home environment through the efforts of an interdisciplinary care team.
- Enhances the Veteran's quality of life through symptom management and other comfort measures
- Meets the changing needs and preferences of the Veteran and family throughout the course of chronic disease, often through the end of life

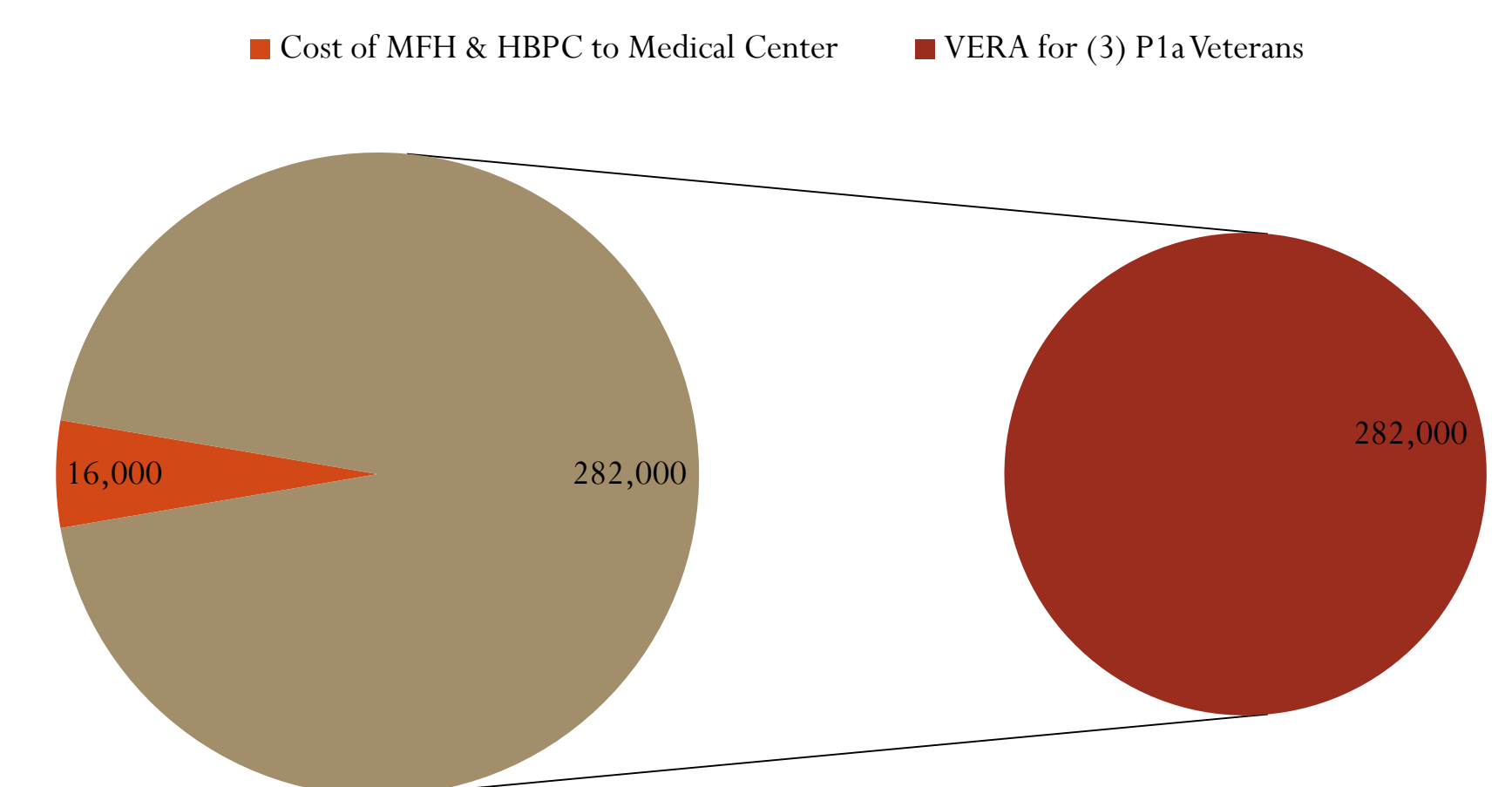
Target Population

The Medical Foster Home program serves frail, chronically ill Veterans who require interdisciplinary health care teams. The service includes continuity of care, coordination of care, and integration of diverse services to cover the wide range of complex medical, social rehabilitative, and behavioral care needs.

HBPC chronic medical problems managed in the home setting (the following are examples, not limited to):

1. Congestive Heart Failure
2. Depressive Disorder NOS
3. Personal History of Venous Thrombosis and Embolism
4. Osteoporosis
5. Traumatic Brain Injury
6. Spinal Cord Injury
7. Amputation Status of the Lower Limb Above the Knee
8. Polycythemia
9. Anticoagulation
10. PVD
11. S/P CABG
12. Unspecified disorder of kidney and ureter
13. Gout
14. Parkinson Disease
15. Amputation of leg with defective stump

Projected Economic Value Based census of 35 MFH residents & VERA Model



The Bottom Line

- Millennium Bill eligible Veterans may choose this as an option, reduced nursing home expenditures for 70% SC
- Traditional nursing home cost (\$75K/per year) vs. Medical Foster Home (16K/year)
- Gains from VERA, majority of patients are classified as complex, according to VERA model
- Reduced divert costs
- Ease inpatient discharge
- Support NIC Performance Measure

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